

U.S. Department of Justice  
United States Marshals Service

RECEIVED  
PROCESS RECEIPT AND RETURN

08 MAY 27 AM 7:43

PLAINTIFF  
UNITED STATES OF AMERICA

N. DIST. OF ILL.

COURT CASE NUMBER  
08 C 2933

DEFENDANT  
FUNDS IN THE AMOUNT OF \$75,000

TYPE OF PROCESS  
VERIFIED COMPLAINT FOR  
FORFEITURE

SERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

FUNDS IN THE AMOUNT OF \$75,000 c/o DEA

ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)

230 SOUTH DEARBORN, 9TH FLOOR, CHICAGO, ILLINOIS 60604

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be served  
with this Form - 285

PATRICK J. FITZGERALD, UNITED STATES ATTORNEY  
UNITED STATES ATTORNEY'S OFFICE  
219 SOUTH DEARBORN, ROOM 500  
CHICAGO, ILLINOIS 60604  
ATTENTION: MARSHA A. McCLELLAN, AUSA

Number of parties to be served  
in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

PERSONAL SERVICE IS REQUIRED.

Prepared by: B. Robertson

Signature of Attorney or other person requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER  
(312) 353-5300

DATE  
5/22/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

No. \_\_\_\_\_

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (if not shown above).

PEGGY FITZGERALD, SR. ASST. SOLICIT

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then  
residing in the defendant's usual place of abode.

Date of Service

6/9/08

Time

1445 pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount Owed to US Marshal or

Amount or Refund

REMARKS:

FILED

JUN 11 2008

6-11-2008

MICHAEL W. BOBBING  
CLERK, U.S. DISTRICT COURT

PRIOR EDITIONS MAY  
BE USED

SEND ORIGINAL + 2 COPIES to USMS.

FORM USM 285 (Rev. 12/15/80)

1. CLERK OF COURT 2. USMS Record 3. Notice of Service 4. Billing Statement 5. Acknowledgment of Receipt